

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2009

through

02

28

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

03

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		1340674.06
(b) Cash on Hand at Beginning of Reporting Period .....	1389583.92	
(c) Total Receipts (from Line 19) .....	28807.70	139710.54
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1418391.62	1480384.60
7. Total Disbursements (from Line 31) .....	56683.17	118676.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1361708.45	1361708.45
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	20916.00	23816.00
(i) Itemized (use Schedule A) .....	7439.40	10877.40
(ii) Unitemized .....	28355.40	34693.40
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	28355.40	34693.40
12. Transfers From Affiliated/Other Party Committees .....	0.00	104100.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	452.30	917.14
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	28807.70	139710.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28807.70	139710.54

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	183.17	676.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	183.17	676.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56500.00	118000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	56683.17	118676.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56683.17	118676.15

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	28355.40	34693.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28355.40	34693.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	183.17	676.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	183.17	676.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Steven D Wilkinson

Mailing Address 5721 West 119th Street

City

Overland Park

State

KS

Zip Code

66209-3722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Menorah Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 2 / 2 0 0 9

Transaction ID: 16315550

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Henrietta S. Fielek

Mailing Address 110 4th St., SE

City

Washington

State

DC

Zip Code

20003-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President, Education

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 6 / 2 0 0 9

Transaction ID: 16317757

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Carol Reineck, Ph.D., CNA

Mailing Address 15111 Oak Loft

City

San Antonio

State

TX

Zip Code

78232-4617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Texas Health  
Science Cen

Occupation

Assistant Professor, Dept. of Acute Nu

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 0 9

Transaction ID: 16317761

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen D. Sanford, RN, DBA

Mailing Address 2659 Syracuse Court

City

Denver

State

CO

Zip Code

80238-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catholic Health Initiatives

Occupation

Senior Vice President & CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 6 / 2 0 0 9

Transaction ID: 16346973

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Conway-Morana

Mailing Address 3300 Gallows Road

City

Falls Church

State

VA

Zip Code

22042-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inova Fairfax Hospital

Occupation

Chief Nurse Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 6 / 2 0 0 9

Transaction ID: 16346975

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Maulik Joshi

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation

President, HRET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: 16346976

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Deb Claflin

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation

Assistant General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: 16346977

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth T. Beaudin, RN, MS, CN

Mailing Address 69 Day Street

City

Granby

State

CT

Zip Code

06035-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connecticut Hospital Association

Occupation

Director, Nursing & Work Force Initiat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: 16346979

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William A. Bell

Mailing Address 944 Gentian Court

City

Tallahassee

State

FL

Zip Code

32312-1228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 16346981

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ralph Glatfelter

Mailing Address 7285 Heartland Circle

City

Tallahassee

State

FL

Zip Code

32312-7501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 16346982

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kathy Holzer

Mailing Address 306 East College Avenue

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

Vice President, Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 16346983

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Karen Late, MHS

Mailing Address 444 N. Capitol St, NW  
Suite 532

City

Washington

State

DC

Zip Code

20001-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

Director, Federal Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 16346984

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rich Rasmussen

Mailing Address 405 El Destinado Drive

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

VP for Strategic Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 16346985

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kim Streit

Mailing Address 1317 Eastin Avenue

City

Orlando

State

FL

Zip Code

32804-6309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion - Orlando

Occupation

VP, Health Research & Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 16346986

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Wilgis

Mailing Address 3036 Giles Place

City

Tallahassee

State

FL

Zip Code

32309-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

Director, Emergency Mgmt. Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 16346987

Amount of Each Receipt this Period

1200.00

**SUBTOTAL** of Receipts This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Timothy K Skeldon

Mailing Address 951 North Washington Avenue

City

Titusville

State

FL

Zip Code

32796-2194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parrish Medical Center

Occupation

Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	0	9

Transaction ID: 16346988

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Vi B. Naylor

Mailing Address 190 Hunting Creek Drive

City

Marietta

State

GA

Zip Code

30068-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	0	9

Transaction ID: 16346993

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Joyce Reid

Mailing Address 1675 Terrell Mill Rd

City

Marietta

State

GA

Zip Code

30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Association

Occupation

Health and Accountability Specialist,

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	0	9

Transaction ID: 16346994

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeff M. Dye

Mailing Address 2121 Osuna Rd NE

City

Albuquerque

State

NM

Zip Code

87113-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Mexico Hospital Assoc-  
iation

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 16346996

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark D Pilla

Mailing Address 99 Route #37 West

City

Toms River

State

NJ

Zip Code

08755-6423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Barnabas Health Care  
System

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: 16365229

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Al Allee

Mailing Address 319 E Josephine

City

Frederick

State

OK

Zip Code

73542-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Hospital and Phy-  
sician Group

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 16365234

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Randall K Segler

Mailing Address P O Box 129

City

Lawton

State

OK

Zip Code

73502-0129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Comanche County Memorial  
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 16365237

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott M. Street

Mailing Address P O Box 2000

City

Duncan

State

OK

Zip Code

73534-2000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duncan Regional Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 16365238

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David D Whitaker, , FACHE

Mailing Address P O Box 1308

City

Norman

State

OK

Zip Code

73070-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norman Regional Health Sy-  
stem

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 16365239

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul F Herzog

Mailing Address 2450 South Telshor Boulevard

City

Las Cruces

State

NM

Zip Code

88011-5069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: 16365246

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark A. Eustis

Mailing Address 2450 Riverside Avenue

City

Minneapolis

State

MN

Zip Code

55454-1450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairview Health Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: 16365254

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alan L. Goldbloom, M.D.

Mailing Address 2525 Chicago Avenue South

City

Minneapolis

State

MN

Zip Code

55404-4518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Children's Hospitals and  
Clinics of Mi

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: 16365256

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steve Perkins

Mailing Address 212 Cashin Drive

City

Luverne

State

MN

Zip Code

56156-1059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sanford Hospital Luverne

Occupation

Board Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: 16365264

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Margaret E Perryman

Mailing Address 200 East University Avenue

City

Saint Paul

State

MN

Zip Code

55101-2598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gillette Children's Speciality Healthca

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: 16365265

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Terence Pladson, M.D.

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CentraCare Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: 16365266

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Yvonne Kirk

Mailing Address 860 MT Hwy 282

City

Clancy

State

MT

Zip Code

59634-9503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Peter's Hospital

Occupation

VP of Patient Care/CNO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: 16387073

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Diane M. Twedell, RN

Mailing Address 1216 Second Street, SW

City

Rochester

State

MN

Zip Code

55902-1906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic

Occupation

Nurse Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: 16387074

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Phillip Guerin

Mailing Address American Hospital Association  
One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion

Occupation

Sr. Vice President/Secretary

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 0 9

Transaction ID: 16394192

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen F. Brenton

Mailing Address 8567 Arbor Terrace Drive

City

Verona

State

WI

Zip Code

53593-8759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wisconsin Hospital Associ-  
ation

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 0 9

Transaction ID: 16394802

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alex R. White, Sr.

Mailing Address PO Box 15587

City

Austin

State

TX

Zip Code

78761-5587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR331416022147

Amount of Each Receipt this Period

116.00

P/R Deduction (\$58.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1116.00

**TOTAL** This Period (last page this line number only) .....

20916.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 44

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

917.14

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: 16898106

Amount of Each Receipt this Period

452.30

Interest

**SUBTOTAL** of Receipts This Page (optional) .....

452.30

**TOTAL** This Period (last page this line number only) .....

452.30

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 44

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Betty Sutton For Congress

Mailing Address 1700 W. Market St. #155

City Akron State OH Zip Code 44313

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Betty Sutton

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 13

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 16336914

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Doggett For U.S. Congress

Mailing Address 1157 San Bernard

City Austin State TX Zip Code 78702

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Lloyd Doggett

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 25

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 16336915

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Kirk For Congress

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Mark Steven Kirk

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 10

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 16336917

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

McCollum For Congress

Mailing Address P.O. Box 14131

City  
St. Paul

State  
MN

Zip Code  
55114

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Betty McCollum

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 04

Transaction ID: 16371372

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Anna G. Eshoo

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 14

Transaction ID: 16371373

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

1500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

PrairieLand PAC

Mailing Address 228 S. Washington Street  
Suite B-20

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
2009 Contribution

Candidate Name  
PrairieLand PAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 16371374

Date of Disbursement

02 / 09 / 2009

Amount of Each Disbursement this Period

500.00

2009 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Longhorn PAC	<b>Transaction ID:</b> 16371375 <b>Date of Disbursement</b>
Mailing Address 228 S. Washington St. Suite B-20	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 9 / 2 0 0 9</div> </div>
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2009 Contribution	<div>1000.00</div>
Candidate Name Longhorn PAC	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2009 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate	<b>Transaction ID:</b> 16371377 <b>Date of Disbursement</b>
Mailing Address 500 Red Sail Way	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 9 / 2 0 0 9</div> </div>
City Satellite Beach State FL Zip Code 32937	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2012 Contribution	<div>1000.00</div>
Candidate Name Sen. Bill Nelson	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2012 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) A Lot Of People For Dave Obey	<b>Transaction ID:</b> 16371378 <b>Date of Disbursement</b>
Mailing Address P. O. Box 1322	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 9 / 2 0 0 9</div> </div>
City Wausau State WI Zip Code 54402	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Rep. David R. Obey	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Friends Of John Tanner

Mailing Address Post Office Box 1994

City State Zip Code  
Union City TN 38281Purpose of Disbursement  
ContributionCandidate Name  
Rep. John S. Tanner011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: 16371384

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 9

Amount of Each Disbursement this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Boswell For Congress

Mailing Address PO Box 6220

City State Zip Code  
Des Moines IA 50309Purpose of Disbursement  
ContributionCandidate Name  
Rep. Leonard L. Boswell011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 03

Transaction ID: 16371386

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Davis For Congress/Friends Of Davis

Mailing Address 5956 W. Race Avenue

City State Zip Code  
Chicago IL 60644Purpose of Disbursement  
ContributionCandidate Name  
Rep. Danny K. Davis011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 07

Transaction ID: 16371388

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Moran For Kansas

Mailing Address P.O. Box 1151

City  
Hays

State  
KS

Zip Code  
67601

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jerry Moran

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 01

Transaction ID: 16371390

Date of Disbursement

02 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Pascrell For Congress Inc.

Mailing Address P.O. Box 640

City  
Totowa

State  
NJ

Zip Code  
07511

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. William J. Pascrell, Jr.

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 08

Transaction ID: 16371391

Date of Disbursement

02 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Heller For Congress

Mailing Address 7840 Red Leaf Drive

City  
Las Vegas

State  
NV

Zip Code  
89131

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Dean Heller

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: 16371392

Date of Disbursement

02 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City  
BellevueState  
WAZip Code  
98015Purpose of Disbursement  
ContributionCandidate Name  
Rep. David George ReichertOffice Sought: ☒ House  
☐ Senate  
☐ President

State: WA District: 08

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16371393

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Blanche Lincoln

Mailing Address PO Box 3197

City  
Little RockState  
ARZip Code  
72203Purpose of Disbursement  
ContributionCandidate Name  
Sen. Blanche Lambert LincolnOffice Sought: ☐ House  
☒ Senate  
☐ President

State: AR District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16371395

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Cantor For Congress

Mailing Address P. O. Box 17813

City  
RichmondState  
VAZip Code  
23226Purpose of Disbursement  
Void of 1/09 checkCandidate Name  
Rep. Eric I. CantorOffice Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 07

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16371398

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	0	9

Amount of Each Disbursement this Period

-2000.00

Void of 1/09 check

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City  
 Fargo

State  
 ND

Zip Code  
 58106

Purpose of Disbursement  
 Contribution

Candidate Name  
 Rep. Earl Pomeroy

011  
 Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: 16883923

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Stupak For Congress

Mailing Address 817 Ninth Avenue

City  
 Menominee

State  
 MI

Zip Code  
 49858

Purpose of Disbursement  
 Contribution

Candidate Name  
 Rep. Bart Stupak

011  
 Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 01

Transaction ID: 16883929

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Team Emerson For Jo Ann Emerson

Mailing Address P.O. Box 822

City  
 Cape Girardeau

State  
 MO

Zip Code  
 63702

Purpose of Disbursement  
 Contribution

Candidate Name  
 Rep. Jo Ann Emerson

011  
 Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 08

Transaction ID: 16883932

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Hoosiers For Hill Mailing Address PO Box 1071	<b>Transaction ID:</b> 16883937 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 0 9</div> </div>
City Seymour State IN Zip Code 47274 Purpose of Disbursement Contribution Candidate Name Rep. Baron Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 09	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>Contribution</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Blaine For Congress, Inc. Mailing Address PO Box 1526 City Columbia State MO Zip Code 65205 Purpose of Disbursement Contribution Candidate Name Mr. Blaine Luetkemeyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MO District: 09 2008 General Debt Re	<b>Transaction ID:</b> 16883940 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2500.00</div> <b>Contribution</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Pascrell For Congress Inc. Mailing Address P.O. Box 640 City Totowa State NJ Zip Code 07511 Purpose of Disbursement Contribution Candidate Name Rep. William J. Pascrell, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 08	<b>Transaction ID:</b> 16883946 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>Contribution</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Jack Kingston	<b>Transaction ID:</b> 16883950 <b>Date of Disbursement</b>
Mailing Address PO Box 2133	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 0 9</div> </div>
City Savannah State GA Zip Code 31402	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Jack Kingston	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Murtha For Congress Committee	<b>Transaction ID:</b> 16883954 <b>Date of Disbursement</b>
Mailing Address 551 Main Street Suite 120	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 0 9</div> </div>
City Johnstown State PA Zip Code 15901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. John P. Murtha	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	<b>Transaction ID:</b> 16883968 <b>Date of Disbursement</b>
Mailing Address P.O. Box 127	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 0 9</div> </div>
City Cheshire State CT Zip Code 06410	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name Rep. Christopher S. Murphy	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Joseph Crowley

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: 16883977

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Pete King For Congress Committee

Mailing Address Post Office Box 1428

City Seaford State NY Zip Code 11783

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Peter T. King

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 03

Transaction ID: 16883982

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Carolyn McCarthy

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Carolyn McCarthy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: 16883988

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

6500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Jo Bonner For Congress Committee

Mailing Address P.O.Box 851232

City State Zip Code  
Mobile AL 36685

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Josiah Robins Bonner, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AL District: 01

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 16885390

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Yarmuth For Congress

Mailing Address 900 East Market Street  
Suite 100

City State Zip Code  
Louisville KY 40202

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John A. Yarmuth

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 03

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 16886185

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Republican Majority Fund

Mailing Address P.O. Box 1550

City State Zip Code  
Ponca City OK 74602

Purpose of Disbursement  
2009 Contribution

Candidate Name  
Republican Majority Fund

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 16892407

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

2009 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>IMPACT</b>	<b>Transaction ID:</b> 16892408 <b>Date of Disbursement</b>
Mailing Address 509 Madison Ave. Suite 1902	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 3 / 2 0 0 9</div> </div>
City New York State NY Zip Code 10022	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2009 Contribution	<div>5000.00</div>
Candidate Name IMPACT	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	2009 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BADGERPAC</b>	<b>Transaction ID:</b> 16892411 <b>Date of Disbursement</b>
Mailing Address 38 Ivy Street, S.E.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 3 / 2 0 0 9</div> </div>
City Washington State DC Zip Code	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2009 Contribution	<div>1000.00</div>
Candidate Name BADGERPAC	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	2009 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Blue Dog PAC</b>	<b>Transaction ID:</b> 16892412 <b>Date of Disbursement</b>
Mailing Address 6849 Old Dominion Drive Suite 222	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 3 / 2 0 0 9</div> </div>
City McLean State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2009 Contribution	<div>5000.00</div>
Candidate Name Blue Dog PAC	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	2009 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Congressional Black Caucus PAC

Mailing Address 1825 I Street, NW  
Suite 400

City Washington State DC Zip Code 20006

Purpose of Disbursement  
2009 Contribution

Candidate Name  
Congressional Black Caucus PAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 16892413

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

2009 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Blumenauer For Congress

Mailing Address 830 Ne Holladay Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Earl Blumenauer

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 03

Transaction ID: 16892414

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Kilroy For Congress

Mailing Address 550 East Walnut Street  
Ste 305

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Mary Jo Kilroy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 16892415

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Scalise For Congress 08

Mailing Address 3100 Ridgelake  
Suite 301

City State Zip Code  
Metairie LA 70002

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Steve Scalise

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 01

Transaction ID: 16892421

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Michael Burgess For Congress

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael C. Burgess, M.D.

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: 16892425

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Michaud For Congress

Mailing Address 213 Lisbon St

City State Zip Code  
Lewiston ME 04240

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael H. Michaud

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District: 02

Transaction ID: 16892428

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Kline For Congress

Mailing Address 101 W Burnsville Pkwy  
Suite 104

City Burnsville State MN Zip Code 55337

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John Kline

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 02

Transaction ID: 16892435

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Zack Space For Congress Committee

Mailing Address 123 West High Avenue

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Zachary Space

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: 16892437

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Doyle For Congress Committee

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael F. Doyle

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 14

Transaction ID: 16892440

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Engel For Congress

Mailing Address 462 California Road

City State Zip Code  
Bronxville NY 10708

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Eliot L. Engel

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 17

Transaction ID: 16892442

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Giffords For Congress

Mailing Address PO Box 12886

City State Zip Code  
Tucson AZ 85732

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Gabrielle Giffords

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 08

Transaction ID: 16892444

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Perriello For Congress

Mailing Address PO Box 306

City State Zip Code  
Ivy VA 22945

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Thomas Perriello

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 05

Transaction ID: 16892448

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Loeb sack For Congress

Mailing Address PO Box 1457

City  
Iowa City

State  
IA

Zip Code  
52244

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Dave Loeb sack

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 02

Transaction ID: 16892451

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Cantor For Congress

Mailing Address P. O. Box 17813

City  
Richmond

State  
VA

Zip Code  
23226

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Eric I. Cantor

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 16892452

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ellen Tauscher For Congress

Mailing Address 20 Park Road  
Suite E

City  
Burlingame

State  
CA

Zip Code  
94010

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Ellen O. Tauscher

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Transaction ID: 16892453

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Democrats Win Seats PAC

Mailing Address 1071 Turin Branch Lane

City  
Weston

State  
FL

Zip Code  
33326

Purpose of Disbursement

2009 Contribution

Candidate Name

Democrats Win Seats PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 16892454

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

2009 Contribution

B.

Full Name (Last, First, Middle Initial)

John Lewis For Congress

Mailing Address 303 Peachtree Street, NE  
Suite 5300

City  
Atlanta

State  
GA

Zip Code  
30308

Purpose of Disbursement

Contribution

Candidate Name

Rep. John Lewis

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA

District: 05

Transaction ID: 16892457

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Heath Shuler For Congress

Mailing Address PO Box 8446

City  
Asheville

State  
NC

Zip Code  
28814

Purpose of Disbursement

Void of 11/06 check

Candidate Name

Rep. Heath Shuler

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 11

Transaction ID: 16910992

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-1500.00

Void of 11/06 check

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

VINEPAC: Victory in November Election PAC

Mailing Address 607 14th St. NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Void of 1/07 checkCandidate Name  
VINEPAC: Victory in November Election PACOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 16910996

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	9

Amount of Each Disbursement this Period

-4000.00

Void of 1/07 check

**B.**

Full Name (Last, First, Middle Initial)

Citizens For Arlen Specter

Mailing Address 255 South 17th Street Suite 603

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
Void of 3/07 checkCandidate Name  
Sen. Arlen SpecterOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District:

Transaction ID: 16911001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	9

Amount of Each Disbursement this Period

-1000.00

Void of 3/07 check

**C.**

Full Name (Last, First, Middle Initial)

Evan Bayh Committee

Mailing Address PO Box 441749

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement  
Void of 6/07 checkCandidate Name  
Sen. Evan BayhOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District:

Transaction ID: 16911002

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	9

Amount of Each Disbursement this Period

-2500.00

Void of 6/07 check

SUBTOTAL of Disbursements This Page (optional) .....

-7500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Carolyn McCarthy

Mailing Address 151 Linden Road

City  
MineolaState  
NYZip Code  
11501Purpose of Disbursement  
Void of 6/07 checkCandidate Name  
Rep. Carolyn McCarthy011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: 16911003

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	9

Amount of Each Disbursement this Period

-2000.00

Void of 6/07 check

**B.**

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Vito Fossella

Mailing Address 34 Dumont Avenue

City  
Staten IslandState  
NYZip Code  
10305Purpose of Disbursement  
Void of 6/07 checkCandidate Name  
Rep. Vito J. Fossella011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 16911004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	9

Amount of Each Disbursement this Period

-1000.00

Void of 6/07 check

**C.**

Full Name (Last, First, Middle Initial)

Graves For Congress

Mailing Address 2345 Grand, Suite 2400

City  
Kansas CityState  
MOZip Code  
64108Purpose of Disbursement  
Void of 9/07 checkCandidate Name  
Rep. Samuel B. Graves, Jr.011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 06

Transaction ID: 16911005

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	9

Amount of Each Disbursement this Period

-2000.00

Void of 9/07 check

SUBTOTAL of Disbursements This Page (optional) .....

-5000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Levin For Congress Mailing Address PO Box 37	<b>Transaction ID:</b> 16911008 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div>
City Roseville State MI Zip Code 48066 Purpose of Disbursement Void of 9/07 check Candidate Name Rep. Sander M. Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 12	<b>Amount of Each Disbursement this Period</b> <div>-1500.00</div> <b>Void of 9/07 check</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 205 South 5th Ave Suite 428 City La Crosse State WI Zip Code 54601 Purpose of Disbursement Void of 9/07 check Candidate Name Rep. Ron Kind Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 03	<b>Transaction ID:</b> 16911010 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>-1000.00</div> <b>Void of 9/07 check</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Mike Ferguson for Congress Mailing Address 340 North Ave E Ste. 6 City Cranford State NJ Zip Code 07016 Purpose of Disbursement Void of 11/07 check Candidate Name Rep. Mike Ferguson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 07	<b>Transaction ID:</b> 16911011 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>-1000.00</div> <b>Void of 11/07 check</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**-3500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee Mailing Address Post Office Box 2145	<b>Transaction ID:</b> 16911013 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div>
City State Zip Code West Columbia SC 29171 Purpose of Disbursement Void of 11/07 check Candidate Name Rep. Joe Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 02	<b>Amount of Each Disbursement this Period</b> <div>-1000.00</div> <b>Void of 11/07 check</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Steve Israel For Congress Committee Mailing Address PO Box 777 City State Zip Code Deer Park NY 11729 Purpose of Disbursement Void of 7/08 check Candidate Name Rep. Steve J. Israel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 02	<b>Transaction ID:</b> 16911029 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>-1000.00</div> <b>Void of 7/08 check</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Kurt Schrader For Congress Mailing Address 607 N. Main St Suite 240 City State Zip Code Oregon City OR 97045 Purpose of Disbursement Void of 8/08 check Candidate Name Mr. Kurt Schrader Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 05	<b>Transaction ID:</b> 16911031 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>-3500.00</div> <b>Void of 8/08 check</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**-5500.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Doggett For U.S. Congress Mailing Address 1157 San Bernard	<b>Transaction ID:</b> 16911036 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div>
City Austin State TX Zip Code 78702 Purpose of Disbursement Void of 10/08 check Candidate Name Rep. Lloyd Doggett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 25	<b>Amount of Each Disbursement this Period</b> <div>-2000.00</div> <b>Void of 10/08 check</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Doggett For U.S. Congress Mailing Address 1157 San Bernard City Austin State TX Zip Code 78702 Purpose of Disbursement Void of 10/08 check Candidate Name Rep. Lloyd Doggett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 25	<b>Transaction ID:</b> 16911037 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>-1000.00</div> <b>Void of 10/08 check</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Chet Edwards For Congress Mailing Address PO Box 23273 City Waco State TX Zip Code 76702 Purpose of Disbursement Void of 10/08 check Candidate Name Rep. Chet Edwards Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 17	<b>Transaction ID:</b> 16911038 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>-1000.00</div> <b>Void of 10/08 check</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**-4000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Judge John Carter For Congress Committee

Mailing Address PO Box 6930

City  
Round Rock

State  
TX

Zip Code  
78683

Purpose of Disbursement  
Void of 10/08 check

Candidate Name  
Rep. John R. Carter

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 31

Transaction ID: 16911040

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

-1000.00

Void of 10/08 check

B.

Full Name (Last, First, Middle Initial)

Keep Nick Rahall In Congress Committee

Mailing Address P O Box 64

City  
Beckley

State  
WV

Zip Code  
25802

Purpose of Disbursement  
Void of 6/07 check

Candidate Name  
Rep. Nick J. Rahall, II

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 03

Transaction ID: 16911042

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

-1000.00

Void of 6/07 check

C.

Full Name (Last, First, Middle Initial)

Friends Of Chris Dodd

Mailing Address PO Box 270701

City  
West Hartford

State  
CT

Zip Code  
06127

Purpose of Disbursement  
Void of 1/09 check

Candidate Name  
Sen. Christopher J. Dodd

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District:

Transaction ID: 16911044

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

-2000.00

Void of 1/09 check

SUBTOTAL of Disbursements This Page (optional) .....

-4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Pat Roberts For U S Senate Inc

Mailing Address PO Box 433

City State Zip Code  
Great Bend KS 67530

Purpose of Disbursement  
2014 Contribution

Candidate Name  
Sen. Pat Roberts

Office Sought: ☐ House  
☒ Senate  
☐ President

State: KS

District:

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16924890

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2014 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

**1000.00**

**TOTAL** This Period (last page this line number only) .....

**56500.00**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Merchant Bankcard

Mailing Address 1601 Elm Street

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16898045

Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

81.83

Merchant Fees

**B.**

Full Name (Last, First, Middle Initial)

Merchant Bankcard

Mailing Address 1601 Elm Street

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16898046

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

40.73

Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

122.56

**TOTAL** This Period (last page this line number only) ..... ►

122.56